

COMBINED DECLARATION AND POWER OF ATTORNEY



As a below home fiventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [X] sole/[] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: **Postage stamps authenticating the sender of a mail piece, and methods for use therewith**

• •					
the spe	ecification of whic	h			
(a)[]	is attached here	eto.			
(b) [X]	was filed on Do		as Application Serial No.	<u>09/683,426</u> and	was amended
(c)[]	was described and claimed in International Application No filed on and amended on				
includir informa	ng the claims, as ation which is ma	e reviewed and un- amended by any a terial to the patenta	edgment of Duty of Disclosured derstood the content of the above mendment referred to above. I ability of the subject matter claim Regulations § 1.56(a).	e identified specific acknowledge the d	luty to disclose
365(c) insofar States acknow betwee applica	of any PCT interras the subject more PCT international vielding the duty to the filling date of the fillin	national application atter of each of the nal application in to disclose material of the prior application.	35 U.S.C. § 120 Inited States Code, § 120 of any designating the United States of claims of this application is not the manner provided by the first information as defined in 37 CF tion and the national or PCT interests.	of America, listed be disclosed in the pri paragraph of 35 U. R § 1.56 which bed	elow and, ior United S.C. § 112, I ame available
(Applicati	ion Serial No.)	(Filing Date)	(Status)(patented,pending,abando	ned) (Patent	No. if applicable)
(Applicati	ion Serial No.)	(Filing Date)	(Status)(patented,pending,abandor	ned) (Patent	No. if applicable)
			Power of Attorney		
Straub, Dillon, (PTO Reg. No. 4 3 CO 80435-5068	7,113 of the firm o	. No. 32,746, Marina T. Larson, f OPPEDAHL & LARSON LLP, I secute this application and to trans.	naving office at P.C	D. Box 5068,
SEND	CORRESPONDENCE O21121	E TO:	DIRECT TELEPHONE OPPEDAHL & LARSO (970)468-6600		





Claim for Priority

I hereby claim foreign priority benefits under 35 U.S.C. § 119 (a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign applications for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION						
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED	CERTIFIED COPY ATTACHED	
				YES[]NO[]	YES[]NO[]	
FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION						
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)			

Provi	ision	al A	ilaa	cati	ion

I hereby claim the benefit under 35 U.S.C § 119(e) of any United States provisional application(s) listed below.

60/340,028	October 29, 2001	
(application number)	(filing date)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME	
	Brookner	George		
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP	
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JAN. 28, 100 -		SIGNATURE SIGNATURE		

[] Signature for additional joint inventor attached. Numer of Pages _

[] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages ___.

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ___.